## 2004 For tax period 1/1/04 to 12/31/04 o

## MAINE INDIVIDUAL INCOME TAX 1040ME LONG FORM

\*0402120\*

1/1/04 to 12/31/04 or

Check here if this is a **Composite Return** (Partnerships, LLCs, and S Corporations only) →

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Only		Your First Name	MI	//I Your Last Name						IMPORTANT! You must enter your SSN(s) below.									
Letters		Spouse's First Name MI Spouse's La				Last Name					Your Social Security Number								
Sercase X	Mailing Address (PO Box, number, stree					eet and apt. no.)					Spouse's Social Security Number								
STEP 1  STEP 1  STEP 1  Print Neatly in Blue or Black Ink, Using Uppercase Letters Only  DO NOT USE RED INK	H									Home Phone Number									
	İ						V					Work Phone Number							
	i	City State Zip Code					work Phone Number												
	\	Check this box if your name or address has changed since last year.																	
Blue		Write your correct name(s), address and ssn(s) in the spaces provided above. Do NOT use the label if your name or address has changed.  **NOTE: If either spouse is deceased, enter the date of death on the back of this page in the spaces provided above the signature area.																	
atly ir		Maine Clean Election Fund – (See instructions on page 6.) NOTE: Checking										•	•				griatui	c area.	
Print Nea		the box will <u>not</u> increase your tax or reduce your refund.								COI	Check here if you were engaged in COMMERCIAL FARMING OR FISHING during 2004. (See Instructions)								
, <u>, , , , , , , , , , , , , , , , , , </u>	If a joint return, does your spouse want \$3 to go to this fund									aurii	ng 2004	. (See	instruc	xions)	,				
ncy tions	3	FILING STATUS (Check one) Single					RESIDENCY STATUS (Check					k one) 12 CHECK IF: You Spouse were was							
sider	4	Married filing joint return (Even if only one had income)					8 Resident					65 or over12a 12c							
STEP 2  Your Filing and Residency Status, Number of Exemptions	5	Married filing separate return. Enter spouse's social security number and full name above.					9 Part-Year Resident Nonresident					Blind12b 12d							
STEF STEF iling and lumber of	6	Head of household (With qualifying person)					11 Nonresident Alien								20 _	_			
four F rtus, N	7	Qualifying widow(er) with dependent child  (Year spouse died)					13 Enter the TOTAL number of EXEMPTIONS claimed on your federal return												
Sta	14 FEDERAL ADJUSTED GROSS INCOME. (See instructions									J. CO. 111									
5	14	line references to fee to the left of the nu	deral forms	If nega	ative e	nter a minus	sian	in the h	OY	14		,		,			ı		
STEP 3  STEP 3  Calculate Your  Taxable Income		5 INCOME MODIFICATIONS. (From Schedule 1, line 3. If negative, er minus sign in the box to the left of the number)							r a 	15		,		,			ı		
	16	6 MAINE ADJUSTED GROSS INCOME. (Line 14 plus or mining lift negative, enter a minus sign in the box to the left of the						ne 15. <b>mber</b> .)		16				,			ı <b>.</b>		
	17	DEDUCTION.	Standard (S	See Ins	structio	ns on page 6)				17		,		, ° .			ı. <u> </u>		
	18	Itemized (From Schedule 2, line 7) <b>B EXEMPTION.</b> Multiply the number of exemptions on line 1:						2 850				18	3 1	1.5					
		19 TAXABLE INCOME. (Line 16 minus lines 17 and 18. If negative, enter a minus								ıs							-		
2	20	sign in the box to to								19		°		?			1		
STEP 4 Calculate Your Tax	20	pages 31-35) (If line	19 is negat	ive, en	ter zer	0.)				20		,		',_			1.—		
	21	TAX ADDITIONS. (From Maine Schedule A, line 4.)								21		,		,			ı <b>.</b>	ш	
	22	<b>LOW-INCOME TAX CREDIT.</b> (See instructions. <b>NOTE:</b> If y credit, you must file a return <u>only</u> if you are claiming a refu						ualify for	this				22	,			J		
	23	TOTAL TAX. (Line 2	20 plus line 2	21 minu	us line	22)				23		,					ı. <u> </u>		
	24	TAX CREDITS. (Fro	m Maine Scl	hedule	A, line	21)				24		, <u> </u>		,			ı		
STEP 5 Subtract Your Tax Credits	25	5 NONRESIDENT CREDIT. (For nonresidents and part-year re Schedule NR, line 9 or NRH, line 11-You MUST attach a copy of								25		,		² .			ı <b>.</b> —		
	26	6 NET TAX. (Subtract lines 24 and 25 from line 23) (Nonresiden						e instructi	ons)	26		,		',_			ı. <u> </u>		

## **2004** 1040ME LONG FORM



	27	Amount from line 26. (NET TAX)  If less than zero, enter zero here 27		*0402121*							
STEP 6 Enter Your Tax Payments and Refundable Credit	28	TAX PAYMENTS.  a Maine Income Tax Withheld. (Enclose W-2, 1099 and 1099ME forms)   →	•28a	,		, , <u> </u>					
		<b>b</b> 2004 Estimated Tax Payments and 2003 Credit Carried Forward. (Nonresidents: Include any REAL ESTATE WITHHOLDING Tax Payments)	28b	<u> </u>		· , _					
		c Extension payment	28c	,		,_					
		<b>d</b> Refundable child care credit. Enclose the Child Care Credit Worksheet. Enter amount from the Child Care Credit Worksheet, line 5 on page 22	28d	,		, , , , , , , , , , , , , , , , , , ,					
		e TOTAL (Add lines 28a, b, c, and d)	28e	,		,_		<u></u>			
STEP 7 Calculate Your Use Tax and Voluntary Contributions		OVERPAYMENT. If line 28e is larger than line 27, enter amount overpaid (Line 28e minus line 27)	29	<u> </u>		, · · · · · · · · · · · · · · · · · · ·					
	30	UNDERPAYMENT. If line 27 is larger than line 28e, enter amount underpaid (Line 27 minus line 28e)	30	<u> </u>		<u></u> ,					
	31	USE TAX (SALES TAX). (See Instructions.)	31	<u> </u>		, ,					
		VOLUNTARY CONTRIBUTIONS and PARK PASSES. (From Schedule CP, line 12)	32	,		, ,		<u></u>			
STEP 8 Your REFUND or TAX DUE	33	<b>REFUND.</b> (Line 29 minus lines 31 and 32) — NOTE: If total of lines 31 and 32 is greater than line 29, enter as amount due on line 35a below	33	,		, , <u> </u>		_٠_			
	34	Amount to be <b>CREDITED</b> to <b>2005 estimated tax</b> 34a <b>REFUND</b>	34b	, ,		, , <u>, , , , , , , , , , , , , , , , , </u>					
	AC(	OU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$5,000 of COUNT, see the instructions on pages 7 and 8 and fill in the lines below. NOTE: Completose your social security number, listed on the front of this form, to your financial institution for the k account or NextGen College Investing Plan® Account.	or less) <b>OR T</b> eting the infor	mation b	elow aut	norizes M	aine Reve	enue Se	ervices to		
		Direct State Routing Number Deposit 34d Account Number*				oe of Aco		Sa	ecking vings xtGen <sup>®</sup>		
our		*For NextGen Accounts, enter the Account Partic	cipant's 9-d	igit soci	al secui	ity numb	er.				
γ	35	<b>a</b> <i>TAX DUE</i> . (Add lines 30, 31, and 32) - <b>NOTE</b> : If total of lines 31 and 32 is greater than line 29, enter the difference as an amount due on line 35a	35a	<u> </u>		, , <u> </u>					
		<b>b</b> Underpayment Penalty (Attach Form 2210ME) Check here if you checked the box on Form 2210, line 17	35b	,		,					
	c TOTAL AMOUNT DUE. (Add lines 35a and 35b) (Pay in full with return)  ENCLOSE CHECK payable to: Treasurer, State of Maine. Include your social security number on your check to receive proper credit on your account. DO NOT SEND CASH 35c										
	3	6 FOR MAINE RESIDENTS ONLY: Check this box if you would like to receive a 2005 Maine See instructions on page 8 for information about the Tax and Rent Program. T IN AUGUST 2005 unless your income on line 16 exceeds the income limits.	HE APPLIC	CATION					•		
		ting and postage costs, if you file your return electronically or have your return doms and instructions mailed to you next year, check box at right.							. •		
		PORTANT NOTE  If taxpayer is deceased, enter date of death.	If spouse i	s <b>deceas</b>	ed,	,/					
Third Par		Do you want to allow another person to discuss this return with Maine Revenue				ete the fo	llowing)		No.		
	<b>9</b> e 8)	Designee's name Phone no. ( )		_ Pers	sonal id	entificati	on #:				
Under pe belief, the	naltie y are	es of perjury, I declare that I have examined this return and accompanying schedule true, correct and complete. Declaration of preparer (other than taxpayer) is base	ules and sta ed on all info	tements rmation	s, and to of whic	the bes h prepai	t of my l er has a	nowle	edge and owledge.		
SIGN HERE	F	2									
Keep a copy of		YOUR SIGNATURE DATE SIGNED			R OCCUF						
this return for your		SPOUSE'S SIGNATURE (IF JOINT RETURN, BOTH MUST SIGN)  DATE SIGNED		SPO	USE'S OC	CUPATION	I				
records Paid		PREPARER'S SIGNATURE DATE		PRE	PARER'S	PHONE NU	IMBER				
Preparer's Use		PRINT PREPARER'S NAME and NAME OF BUSINESS		PREI	PARER'S	SSN or PTI	N				
Only		If requesting a <u>REFUND</u> , mail to: Maine Revenue Services, P.O. Box 9111, Augusta, ME 04332-9111 If <u>NOT</u> requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067	OFFICE ONLY:	USE CK	\$		PP [ ] 19	3			

DO NOT SEND PHOTOCOPIES OF RETURNS